



H.E.A.T Program/UTAP Program (Home Energy Assistance Target) APPLICATION

Form 874 H-1
Rev. 07/07

[2007-08\Where to mail your application.doc](#)

DATE: _____
Day Month Year

Client ID _____

Office use only

Areas high-
lighted in
yellow are for
office use only.

OFFICE _____
COUNTY CODE _____
OUTREACH Y N
CRISIS _____
APPROVED Y N
DENIAL CODE _____

Have you applied for HEAT before? Y N Date: _____ Office: _____

APPLICANT NAME: _____ Male ☐ Female ☐
Last First MI

If you are eligible for the HEAT Program, you are also eligible for the Utah Telephone Assistance Program if your telephone company is a participating carrier & your phone is not a cell. Would you like to apply for UTAP at this time? Yes ☐ No ☐

TELEPHONE: (_____) _____ If no telephone, would you like information on UTAP? Yes ☐ No ☐
Area Code Telephone Number Telephone Company

BIRTH DATE: _____ SOCIAL SECURITY #: _____
Day Month Year

MAILING ADDRESS: _____ RESIDENTIAL ADDRESS (Fill out only if different): _____

Apartment Complex Name and Number

Apartment Complex Name and Number

Street Address or PO Box

Street Address or PO Box

City State Zip Code

City State Zip Code

Circle: House or Apartment? Rent or Own? Subsidized/Govt. Assisted Rent? Y N Rent/Mortgage Payment? \$ _____

Do you share residence? Y N Does rent include utilities? Y N Which utilities? _____

Did you PAY medical/dental insurance premiums, out of pocket medical expenses, child support, or alimony in the previous month? Y N

☐ American Indian ☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Pacific Islander ☐ Other _____

Household Composition	Do you or anyone living in your household receive any of the following sources of income or assistance?	
Children under age 3 Y N	Employment (full time/part time) *Y N	Receive Child Support Y N
Children age 3 through 5 Y N	Unemployment Benefits/Workman's Cp. Y N	Receive Alimony Y N
Age 60 and older Y N	Railroad Retirement Y N	TANF/FEP/AFDC Y N
Handicapped/Disabled Y N	Veterans Benefits Y N	Supplemental Security Income (SSI) Y N
U.S. Citizens (all?) Y N	Social Security Y N	General Assistance Y N
Receiving Food Stamps Y N	Pension/Annuity/Retirement Y N	Other _____ Y N
		Income from Rental Property Y N
Number of Adults: _____	Number of Children (under 18): _____ Ages: _____ Birthdates: _____	TOTAL Number in Household: _____

*If yes, how often are you paid? Please circle: Weekly, Biweekly, Twice a Month, Monthly.

Others in my household who are aged 18 or older:

1 st Adult:	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		dd/mm/yyyy		M F	Y N
Client ID					
2 nd Adult:	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)				M F	Y N
Client ID					
3 rd Adult: If more than 3 adults, check and attach extra sheet. <input type="checkbox"/>	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)				M F	Y N
Client ID					

White, File

Yellow, Office Use

Pink, Client

HEAT Application, Page 1 of 2

DECLARATION: By signing this application, I certify under penalty of perjury that the information I provided on this application is true. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize HEAT/HELP/UTAP program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application.

I understand that giving false information or failing to notify HELP or UTAP when I no longer qualify may cause me to pay the difference between the discounted and regular rate. I will notify the State of Utah @ 1-877-488-3233, ext. 642, if my situation changes and I am no longer eligible for HELP and/or UTAP. I must re-apply or re-certify annually. **Do you wish to enroll or re-apply to remain in Rocky Mountain's HELP discount program that saves you up to \$8.00 per month on your Rocky Mtn. Power bill? Y N**

I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that if Federal HEAT funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment.

My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%):

%	Name of Utility Vendor(s)	CODE (Office use only)	Utility Account Number(s) Rocky Mountain customers <u>must</u> include Item #	Name on account (if different)
	Applicant	I agree not to change the vendor or % to which my HEAT payment may go after this date.		
Signature:			Date:	

Income Verifications Worksheet				List all income for the Month Used: _____			
GROSS EARNED INCOME: List by name of each adult in the household. All adults' income must be counted. If an adult has no income, put "0" and a brief explanation of why not, or attach the "Deficit" income statement if needed. Itemize each check by date .							
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
GROSS INCOME: Subtotal ALL GROSS Earned Income above (before taxes or deductions)							\$
Earned Income Credit: 20% of income (x .20 of subtotal)							\$
NET EARNED INCOME (Subtract 20% from ALL earned income subtotal)							\$
UNEARNED INCOME: Examples of unearned are Social Security, retirement, public assistance, unemployment, anything that wasn't earned by going to work. List by name of each in the household and the source.							
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Subtotal ALL Unearned Income							\$
TOTAL INCOME Add Total NET Earned & Total Unearned Income							\$
DEDUCTIONS (Itemize each receipt and date paid in the Agency Checklist - Case Log.)							
Medical Expenses (out of pocket medical expenses & insurance premiums) Must provide proof of payments							\$
Alimony/Child Support Payments/\$50 Target Deduction							\$
Total Deductions							\$
TOTAL NET INCOME: (Subtract Total Deductions from Total Income)							\$

1. INCOME FORMULA Total NET Income \$ _____ divided by 100% of the Poverty Amount for a household size of _____ (see table) \$ _____ = _____ % (Ineligible if over 125%) subtract the % amount from \$300.00 = \$ _____ Total #1: \$ _____	2. ENERGY BURDEN FUEL TYPE: _____ Household Energy Cost (Select one): Actual Costs \$ _____ House Standard \$ _____ Apt. Stand. \$ _____ Room & Board Stand. _____ (10% of rent) Divide Energy Cost selected above by total NET income _____ = _____ X \$7.00 = _____ (Max. of 25) Total #2: \$ _____	3. TARGET GROUPS Child under 6 _____ Disabled _____ Over 60 _____ (Add \$50 for each category) Total #3: \$ _____
Worker #: _____ Edit/Action Date: _____ Data Entry: _____ Denied Code: _____ (Total boxes 1, 2, & 3) Total HEAT Benefit		